

The AMA's Charge on the Light Brigade

The pioneer of a coloured light therapy able to cure a vast range of diseases, Dinshah was victimised for decades by the American medical establishment, but his 'underground' research is quietly resurfacing.

by Stuart Troy ©1997

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The evils of some men have a karmic momentum that extends beyond the grave, undiminished by their deaths. If you could somehow quantify and accurately ascribe human pain and needless suffering, then the pernicious legacy of Morris Fishbein, MD (1889-1976) of the American Medical Association (AMA) would exceed in villainous ignominy the legacies of Hitler and Stalin combined. While a more subtle and quiet offence which may pass unnoticed in the historical moment, ideocide is ultimately, in its continually expansive accumulative enormity, a far more pernicious crime against *all* humanity than any 'simple' genocide. When a genocide indictment is finally issued, it contains specifics: dates of onset, locations, duration, victim identity lists. But who can name the victims or measure the pain that marks Fishbein's ideocidal career? Indeed, when can we even end the tally?

If the only adduced instance of Fishbein's ideocide were the persistent, obsessive persecution of Colonel Dinshah Ghadiali, MD, DC, PhD, LLD, from 1924 to 1958 and the attempted eradication of his Spectro-Chrome Therapy (SCT) both from practice and from print, it would tragically suffice to make my point.

Popular history would have us believe that the (now scandalously) shocking FDA-instigated incineration of the printed works of Dr Wilhelm Reich was an unprecedented and isolated event in these United States of alleged First Amendment protections.

However, the dubious distinction of having been the first Federal book-burn victim belongs to Dinshah. Ten years previously, in 1947, in compliance with a Federal Court order, he had to "surrender for destruction" his unique library and all printed material pertaining to coloured light therapies to US marshals in Camden, New Jersey. All during those years he remained steadfastly dedicated to truth in the healing arts, and to his personal vision of an earnest, energetic, open America (a vision he formed some 50 years earlier on his first visit). The source of this resiliency is found in part in his often-repeated motto: "Truth can be defeated, *never* conquered."

In the better-known case of Dr Reich, the very barbarity of the assault itself added to his mystique, imparting a legendary martyrdom and ensuring an elevated niche in history independent of the content or validity of his science. In contrast, very few, even among practitioners of the alternative disciplines, know the story of SCT despite the uninterrupted efforts of the Dinshah Health Society, established and run by his son Darius Dinshah on the original 23-acre Malaga, New Jersey estate. Operating under the strict confines of the final 1958 FDA (Food and Drug Administration) injunction, which is still in effect, SCT has somehow survived to enjoy the modicum of legitimacy conferred by the 1994 recognition and listing (as an information source only) of SCT by the US Office of Alternative Medicine.

Fortunately for us, the core of the system (any projected light source except fluorescent, plus 12 coloured filters) is so low-tech, and the "tonation" application formulations—laboriously determined and charted by Dinshah—are so simple that the ease of home assembly and utilisation allows for convenient accessibility. Unfortunately for Dinshah (the "Ghadiali" was dropped in America), it was precisely this low-tech accessibility and therapeutic efficacy which made him an irresistible and inevitable target for Fishbein and the healing-for-money establishment.

Born in Bombay, India, in 1873 to a Parsee watchmaker of Persian descent (the Zoroastrian faith to which he adhered is often referred to as "the Faith of Light"), Dinshah's special genius and industry soon became apparent. He began primary school at age three, and high school at eight. By his 11th year he was an assistant to the Professor

of Mathematics and Science at Wilson College, Bombay. His father did not encourage his early fascination with electricity, and Dinshah told of sneaking downstairs to study through the night, retiring for a few hours of sleep shortly before dawn when he and his father would arise together. He took his university exams at 14, winning proficiency awards in English, Persian and religion. (In his spare time, he was to achieve competence in eight oriental and eight occidental languages.)

The following year he divided his time between giving demonstrations in physics and chemistry and meeting the demands of running a successful electric doorbell/burglar alarm installation business. It was also the year he began his medical studies.

At 18, having mastered the practice of Yoga Shastra and having been awarded a fellowship by The Theosophical Society, he added spiritual subjects to his oratorical repertoire. His reputation and experience as an electrical engineer earned an appointment as Superintendent of Telephone and Telegraph for Dholar state. Three years later found him serving as Electrical Engineer of Patiala state and Mechanical Engineer for the Umbala Flour Mill.

His medical studies completed, in 1896 Dinshah made his first trip to America, where he lectured on X-rays and radioactivity, meeting Tesla, Edison and other scientific notables. A darling of the press, Dinshah was affectionately referred to by the *New York Times* as "the Parsee Edison".

The freedoms, the opportunities, the stimulating intellectual energies he perceived in pre-war America left him with an inspired, compassionate optimism that future events could not dilute. Upon his return to India he became a social reformer and the first Publisher/Editor of *The Impartial*, a weekly founded "to

further the cause of freedom in speech and writing".

The year 1897 was to prove pivotal, for it was the year Dinshah became the first person in India to apply and thus effect a cure for disease in accordance with the hypotheses of Dr Edwin D. Babbitt (as in his book, *The Principles of Light and Color*, University Books, New Hyde Park, NY, 1876, reprinted 1967) and Dr Seth Pancost (*Blue and Red Light, or Light and its Rays as Medicine*, 1877).

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Responding to an influential Theosophist friend's urgent summons, Dinshah, from his supervisory position in a major light installation several hundred miles away from central India, travelled to the bedside of her aunt who was dying from mucosa colitis (dysentery). Upon arrival, Dinshah faced several handicaps. The attending physician of record was a prominent Parsee and the Honorary Surgeon of no less a personage than the Viceroy of India. The old woman revered him as a demigod, but contemptuously referred to Dinshah as "that kid doctor".

For three days he had to watch silently as her health continued to fail rapidly under a brutal but conventional medicinal regimen. Although the regimen was well thought out and in conformity with the best recommendations of *The British Pharmacopoeia*, Dinshah saw that the opium administered for the pain was stressful to the heart; the catechu, although a good astringent, was a peristalsis inhibitor; the chalk, intended as a binder, was an intestinal irritant; the bismuth subnitrate, a local antiseptic, choked the alimentary canal; and the anti-flatulent chloroform was escharating damaged tissue.

As Dinshah noted:

"Thus she stayed two days more, drinking the poisonous concoction. On the third day she was in such a condition that she lifted her hands to me and implored me, 'O Dinshah, save me!' Medically she was beyond recovery and I said with a sigh, 'Call on the Almighty to save you. Dear girl, I have no power, no medicine of which I know I can be of service to you, but if you let me I shall endeavour to do the best otherwise.' She nodded her consent and promptly I threw out the drug mixture... Here was my opportunity to test the chromotherapy of Edwin D. Babbitt. The woman was dying—she was anyhow as good as dead. I could not kill her further if I failed... I brought [indigo-] coloured pickle bottles to act as the slides... Within 24 hours the [100 daily bowel evacuations] were reduced to four a day; within 48 hours they came down to two; the third day Jerbanoo was out of bed!"

Reflecting an Eastern patience and restraint, and reflecting the slower technological pace of a pre-electronic age, Dinshah did not rush impetuously into print. However, before he could publicly promote SCT he had to be satisfied that he could exercise confident control of the procedure. Thus Dinshah embarked on a lengthy theoretical research project, producing remarkably precise and accurate tonation formulations.

By 1904, at Ajmer and Surat, he had established "Electro-Medical Halls" for the promotion of colour therapy research, magneto- and electro-therapeutic approaches as well as orthodox medicine. However, early on he was forced to abandon the otherwise promising electric modalities due to frequent episodes of nerve anastomosis and the inherent and insurmount-



Dr Dinshah P. Ghadiali (1873-1966)

able problems he encountered with "unmanageable and freaky currents".

In 1908 he left India to promote his inventions through Europe, eventually, in 1911, dropping anchor in the US with his (first) wife and two children. He loved America and vigorously embraced the principles and politics of an open democracy. However, the same cannot be said of his wife who, in reaction to her early years of impoverishment and perhaps more than a little culture-shocked, returned alone to India.

Dinshah was so taken by his vision of a Walt Whitman/Horatio Alger America as perceived in those pre-war years that in 1914 he turned down a private offer of US\$100,000 for his Internal Combustion Engine Fault Finder which he developed while serving as Professor and Chief Instructor at the New York College of Engineering Science and Automobile Instruction. Instead, he gave all rights to the US military for aviation application. (Amongst his patented inventions are: #983,703, Electrical Wiring Device, 1911; #1,144,898, Automobile Internal Combustion Engine Fault Finder, 1915; #1,544,973, Color Wave Projector, 1925; #1,724,469, Electric Thermometer, 1929; #2,038,784, Color Wave Projection Apparatus, 1936.)

Dinshah was granted US citizenship in 1917. The following year he was given a commission as Captain in the New York Police Department Reserve, and in recognition of his wartime civilian aeronautic harbour-patrol activities he was promoted to Colonel, awarded the Liberty Medal by NYC Mayor John Hyland and appointed head and principal instructor of the NYPD Aviation School. The banner year of 1919 found him a member in good standing with the American Association of Progressive Medicine, and the elected Vice-President of the Allied Medical Association of America and the National Association of Drugless Practitioners.

This all seems a strange background for a "charlatan" and "huckster", as he was to be labelled and pilloried by Fishbein's AMA, in conjunction with the equally acquiescent, ever spineless FDA (Food and Drug Administration) in the decades that followed.

Something insidious and unnoticed had happened during the 24 years since Dinshah's first visit to America. The robber barons of the 19th century had discovered value in technology and proceeded to exercise the same piratical control over intellectual property as they previously had over the traditional sources of material wealth. Lights dimmed all over the shortlived Age of Enlightenment as new acquisitional and inquisitional institutions became empowered and entrenched.

Social historian and author David Lindsay (*Magnificent Possibilities*, Koodansa America, Fall 1996) notes that with the change of the century there was a change in the perception of the technical man, the inventor. New social forces coalesced, mediating direct contact between people and technology. The control and credibility that had been the scientist's were co-opted by agencies of industry working with agencies of government.

Canadian political scientist Andrew Michrowski fixes the date with even more precision: "It was possible for Nikola Tesla, Alexander Graham Bell and George Westinghouse to make their mark because in their time, before 1913, the retardant forces were not yet organized enough to totally counterweigh their innovations."

Suffice it to note that 1912 was the year that young Morris Fishbein, MD (*sic*) (neither passing anatomy nor completing his residency), entered the employment of the already disreputable American Medical Association, without ever practising medicine. In 1913 he became Assistant Editor of the AMA's journal, *JAMA*. A prolific writer of articles, editorials and, later, books crusading for the medical profession, Fishbein became Editor of *JAMA* and

Hygeia in 1924, holding these two posts for 25 years.

So it was against this background that Dinshah, ignorant of or indifferent to this dawning of a New Age of Darkness, innocently went public with SCT in April 1920 in New York City. The first formal instruction, in December that year, was attended by 27 students. During the next four years (as Morris Fishbein consolidated his political power within the AMA) Dinshah held 26 classes, training over 800 students, predominantly physicians but including many lay trainees as well.

It was the very ease with which the correct tonation could be determined and applied by laymen in the privacy of their homes (as much as, if not more than, mere efficacy) which constituted the true threat. If Dinshah had kept the SCT technology arcane, the equipment expensively overdesigned and within the preserve of the professional health community, events would have played out quite differently. Unquestionably it was this accessibility and the consequent commercial threat which SCT represented that made Dinshah an early target for an eager Fishbein.

Fortunately for Dinshah, an early attendee was the 23-year-tenured Chief Surgeon of the Woman's Hospital of Philadelphia, the highly credentialled Kate W. Baldwin, MD, FACS, a member of the AMA and the Pennsylvania Medical Society, and the first woman in the American Academy of Ophthalmology and Otolaryngology. Until her death in 1937, she remained a private SCT practitioner and a vociferous advocate in public, frequently defending SCT and Dinshah against the dark forces of repression.

Dr Baldwin enjoyed sufficient status and seniority that the initial anti-light-therapy onslaught could only incommode but not intimidate or destroy her. Indeed, so forceful was her presence and so unequivocal her defence testimony at Dinshah's first trial in 1931, that the government refrained from any prosecution of Dinshah—on the basis of science—during her lifetime.

In 1921 Dr Baldwin arranged for Dinshah to lecture in Philadelphia. Eventually her brother, the equally eminent surgeon L. Grant Baldwin, MD, FACS (Mayo Clinic), was to introduce several SCT units to his Brooklyn, NY, practice.

Some of the social (political) history of SCT is to be found preserved in the meagre, but reliable, regular Minutes of the Board of

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Managers of the Woman's Hospital of Philadelphia. Over the next five years these records were to suggest even more than they revealed.

Dr Baldwin's request to address the Board on her in-patient SCT work was granted, and on 21 December 1923, according to the Minutes, she "gave an illustrated account of the wonderful work done in the Hospital with the spectrochrome [*sic*]. She described a remarkable case of a child...so badly burned that there seemed no hope of her recovery. With the use of the Spectrochrome [*sic*] [primarily using the colour turquoise, i.e., blue plus green], the child is almost entirely cured. It is such an unusual case that the Board feels it should be written up for publication by Dr Baldwin... The Spectrochrome is used in no other hospital and *credit should be given to Dr Baldwin for developing its use here. There are four instruments in the Hospital and more could be used if the room were larger.*" [Author's emphasis in italics.]

It was but a short five weeks later, in the 26 January 1924 issue of the *Journal of the American Medical Association (JAMA)* (which had just recently fallen under the editorial control of Fishbein), that the first salvo was fired: a lengthy, baseless denunciation of SCT, complete with a defamatory attack on the character of Dinshah and, by associative implication, all SC therapists—with explicit reference to Dr Baldwin, who, among numerous physicians, had been regularly contributing case histories to Dinshah's *Spectro-Chrome* monthly journal (which he published from 1922 to 1947). The *JAMA* article concluded:

"Some physicians, after reading this article, may wonder why we have devoted the amount of space to a subject that, on its face, seems so preposterous as to condemn itself. When it is realized that helpless but credulous patients are being treated for such serious conditions as syphilis, conjunctivitis, ovaritis, diabetes mellitus, pulmonary tuberculosis and chronic gonorrhoea with colored lights, the space will not be deemed excessive."

While it took four years for Fishbein finally to bring Dinshah before his first magistrate, the first blood had been drawn much earlier. Two months after the *JAMA* article appeared in print, the Woman's Hospital Board of Managers' Minutes of 28 March 1924 report the receipt of a letter from the staff, requesting that Dr Baldwin discontinue the use of SCT. The only ground offered for this initiative was the *JAMA* article. The Board's time-tested response was the classic bureaucratic reflex: an ad hoc committee was established to evaluate the situation for later discussion.

Not all the Board's problems conveniently faded during this interval and it was forced to address the issue head on. According to the Minutes of 23 May 1924: "...the question had been considered from every viewpoint and...the Committee recommended the continuance of present conditions. This report of the Committee was accepted." [Author's emphasis.]

Almost a year later, the Minutes of 27 March 1925 record that, "Dr Baldwin in a letter spoke of her need of more room for the Spectrochrome. She asked to have two cubicles made; she is getting many cases..." Subsequently Dr Baldwin was permitted to install additional treatment cubicles.

Notwithstanding all of these initial successes, buttressed by the consistent clinical evidence, official affirmations and institutional support, SCT was soon to suffer the first of a nearly unbroken string of reversals. There is a subtle but interesting peculiarity to this sudden, decisive turnabout spontaneously appearing in the Minutes without warning. True, the Minutes give no picture of day-to-day hospital politics, and given their narrow purpose and focus, especially as the sole historical source, they would of course tend to conceal more of a general contextual circumstance than they could reveal.

So we are left to speculate on the strangeness of the impudence of a letter from the *hospital interns*, received by the Board and reported in the Minutes of 24 September 1926, expressing their objections to Dr Baldwin's presence on the surgical staff.

Traditionally interns, from a socio-political perspective, constitute the least vocal and effective participants in hospital policy formation. However, one can perhaps understand, even sympathise with the interns' position, with their cumulative daily frustration as endless streams of serious surgical candidates and other diseased patients were regularly being sent home without ever seeing a knife or pill.

What is less understandable is the effectiveness of their one letter.

The September meeting moved to request Dr Baldwin's resignation from the surgical staff, but also moved that she "be granted the privilege of practising Spectro-chrome Therapy with her private patients in the Woman's Hospital." Both motions were carried.

The Board passed on the request to Dr Baldwin, and by the meeting of 22 October 1926, without record of internal debate or explanation, the Board accepted "with regret" Dr Baldwin's resignation from the surgical staff.

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With the use of the Spectrochrome [primarily using the colour turquoise, i.e., blue plus green], the child is almost entirely cured."

Just before Dinshah's first trial in 1931 in Buffalo, Erie County, New York state, Dr Baldwin received a letter from the Secretary of the Erie County Medical Society specifically soliciting her comments about the 1924 article and the impending criminal action.

The letter read:

"According to [the *JAMA*] article, Susie T., age 9, who was admitted to the Woman's Hospital with a sloughed appendix and peritonitis, developed a pneumonia which was treated by Dr Baldwin with lemon, turquoise and magenta colored lights. Susie went home well and happy.

"Dinshah P. Ghadiali, using the title M.D., is the publisher of *Spectro-Chrome*. He is under arrest in Buffalo charged with grand larceny for selling a course of lectures and leasing a colored light apparatus of alleged curative value for human ailments.

"We are wondering if the article in which your name is

given is a correct statement. Our Society is somewhat interested in the outcome of this case and we will very much appreciate your telling us if your name was used with authority."

Dr Baldwin's ringing endorsement was but faint indication of the eye-opening testimony she would soon deliver under oath.

Her reply read:

"Your letter of June 9th is just received. The statement printed in the *Journal of the American Medical Association* of January 26th, 1924 is practically as written by me for *Spectro-Chrome* magazine. Susie's was an emergency operation at nine o'clock at night. There was nothing left of the appendix to remove. There were quantities of pus. The wound could not be closed, free drainage was provided and the child put to bed with little hope that she would live until morning. For some days, an enema would simply pass through and out of the abdominal opening. Susie did develop pneumonia. I did use Spectro-Chrome and eventually she did leave the hospital in good condition.

"In the Woman's Hospital, I used Spectro-Chrome for many things to the satisfaction of the patients, the staff and the Board. The results were approved by all interested, until the article cited came out in the *Journal*. Then the staff turned traitor. The Board appointed a Special Committee of five to investigate, and a copy of its report I am enclosing. After this investigation I was granted a large space for the work of Spectro-Chrome.

"The American Medical Association continues to rate me as a Fellow in good standing. *Not the slightest effort to prove the truth has ever been made by the AMA or the doctors. The simple fact that the AMA made the statement against Spectro-Chrome was sufficient to condemn.* At the time I wrote to the *Journal* stating facts. The courtesy of a reply was not granted. The letter was sent by registered mail and a return card showed that it was delivered. Eventually this article was the cause of my losing my position on the surgical staff of the Woman's Hospital.

"The AMA has not been just to one of its members or to humanity; within the year of 1929, communications have been sent by the AMA to several of my patients in the shape of a reprint of the article published in the 1924 *Journal* and a letter ridiculing Spectro-Chrome and me.

"*Spectro-Chrome has more value as a therapeutic measure than all the drugs and serums manufactured. I would close my office tonight, never to reopen, if I could not use Spectro-Chrome.*" [Author's emphasis added.]

Dinshah was to face tribunals eight times, winning vindication only twice and having to serve a total of 18 months in prison. His first victory, at Buffalo, NY, in 1931, was the last time the anti-light forces dared expose themselves to a decision rendered by a jury allowed to hear medical evidence and expert scientific testimony. His second victory (the first Camden trial, 1934) rested on the judicial reasoning that, being of Parsee descent, Dinshah was "a white man" and therefore, 17 years after his naturalisation, he was ruled to be not deportable.

Just as, in retrospect, the involvement of the normally non-influential intern role in efficaciously precipitating Baldwin's predicament seems to be more than meets the eye, so too is the circumstance that led to Dinshah's arrest in May 1930. The indictment charged that he "did feloniously steal \$175 from one Houseman Hughes by falsely representing and pretending that a certain instrument and machine [Spectro-Chrome] would cure any and all human diseases and ailments."

Again, the reliable Court record here gives scanty insight. Looking back at the actually ascertainable, there is reasonable inference that Hughes was only a point man—but for whom? He was a layman who had admittedly never received, witnessed or administered a tonation treatment. Affidavits and testimony from official records show only that he leased a unit (subsequently defaulting on the payment) and promptly pressed charges. There is no indication that he even removed it from the box. Someone on the prosecution side did turn it on, although did not take advantage of the exercise to attempt a tonation.

The core of the embarrassingly underprepared prosecution (what could they actually say?) was the "expert" testimony of a physicist who testified to the fact that the unit used an ordinary light, projected through ordinary coloured glass filters, producing no spectral alterations nor new rays of any sort. This was rather extraordinary testimony, considering that Dinshah had never claimed otherwise!

(This 1931 trial was also the last time the government was to base any indictment on its "ordinariness". Later, when the FDA, in a convenient about-face, proclaimed the Spectro-Chrome a "medical device" (though unauthorised), it provided the cloak of legality under which they conducted, unopposed, hundreds of warrantless, confiscatory and non-compensatory raids through the living rooms, basements and converted garages of otherwise innocent, non-complaining citizens after 1947.)

Dinshah, despite facing a looming 10-year/\$10,000 adverse judgement, chose to defend himself with a five-witness defence which included three MDs. He reasoned: "The judge knows the law and I know my science so I can defend it better than any lawyer. Truth can be defeated but *never* conquered."

Unprepared for an impregnable defence, the state produced in its rebuttal its only medical witness: Albert Sy, MD, a practitioner of the high-tech, expensive and generally inaccessible treatment modalities of radium, X-ray and ultraviolet irradiation. This prosecution witness, also testifying to his zero experience with SCT, was forced to admit under oath that he had *no* evidence at all for his "expert" opinion that there "could be no therapeutic value of colored light or other appreciable effect on animals".

Dinshah's first witness, Dr Welcome Hanor, an early SCT student and enthusiastic proponent, had posted the \$1,500 bail. His modest credential was his reputation as a local general practitioner of 30 years' experience. He gave unreserved credit to SCT for his successes with cancers, diabetes, gonorrhoea, syphilis, ulcers, neuritis, meningitis, heart conditions and many other disorders.

Dr Martha Peebles had a distinguished 24-year private practice in New York where she had also held public office with the City Department of Health before serving with General Pershing's expeditionary forces (attending up to 61 operations a day).

...a local general practitioner of 30 years' experience...gave unreserved credit to SCT for his successes with cancers, diabetes, gonorrhoea, syphilis, ulcers, neuritis, meningitis, heart conditions and many other disorders.

Invalidated by crippling arthritis and neuritis, her health was restored one month after receiving her first tonation treatment from Dr Baldwin, and she subsequently re-established her medical practice. In court she recounted her success with cancers, hypotropic arthritis, poliomyelitis, mastoiditis, sciatica, heart disorders, goitres, ulcers, neuritis *and many other disorders*.

Dr Kate Baldwin's testimony was extensive, forcefully unequivocal and unshakeable. The worst nightmare of a prosecuting cross-examiner, she repeated affirmatively as to SCT's efficacy in the treatment of cataracts, glaucoma, acute eye infections and haemorrhaging; mastoid and middle-ear problems; tonsillitis and adenoidal disorders; tuberculosis, bronchitis and pleurisy; functional and organic heart disorders; ulcers, haemorrhoids, boils, drug addictions, asthma, laryngitis, mouth disorders, rheumatism, lumbago, syphilis, cancer, radiation burns, appendicitis, strangulated hernia *and many other disorders*.

The trial lasted for four days before the jury returned the "not guilty" verdict in 90 minutes. Subsequently (in addition to his previous loss in Portland in 1928), Dinshah was to lose actions in Cleveland, Wilmington, Washington, DC, Brooklyn (the decisive FDA ruling) and, finally, in Camden in 1947.

By 1941, mail sent to Dinshah's institute was being returned by the local postmaster, marked "Fraudulent: Mail to this address returned by order of the Post-Master General." No doubt this purely postal administrative decision, not the result of a judicial proceeding, contributed measurably to the recognition of the AMA as a para-governmental agency of intimidation, and hastened the final discontinuance of SCT by the dwindling number of loyal MD practitioners.

Through an internal restructuring and reorganising at the Spectro-Chrome Institute, Dinshah was for a while able to circumvent and neutralise the mail blockade. Suffice it to note that Dinshah's manoeuvre was a shortlived expediency, lasting six years until 1947.

While looking back on Dinshah as an exemplar of indefatigable, persevering resiliency and inner strength of character, in balance we must also note with all due respect the persistence, long memory and vindictive, single-minded purposiveness of the private professional associations, in concert with government regulatory agencies, now legislatively armed to dispose of the inconvenience of the evidences and protocols of both court and clinic.

No narrative, historical reportage or creative mythology of suppression and censure, however factual or fantastical, is complete without the obligatory, timely, lab or library fire under suspicious circumstances. To paraphrase Cervantes very loosely, a tale of "intellectual inquisition" without arson is like a meal without wine.

The 1945 fire that destroyed Dinshah's main building, just 90 days before the Brooklyn trial, caused inestimable damage not just to his defence but to all of us through the destruction of demonstration prototypes and the irreplaceable case histories of 25 years.

Losing the second Camden trial (the FDA-driven action on "mislabeling") in 1947, Dinshah was fined \$20,000 and sentenced to a five-year probation period, a condition of which was to "sur-

render for destruction" *all printed material* (save some personal notes) pertaining to coloured light therapy—a singular collection valued then at \$250,000. He was further ordered to disassociate himself from any research in the field.

Probation completed in 1953, Dinshah again restructured his institute, this time as an educational institution, Visible Spectrum Research Institute, and resumed the dissemination of information and equipment—but with a disclaimer asserting that "in accordance with the current conventional medical view, there is no curative, therapeutic value" to these projection systems. Independent of any SCT/Dinshah data, this scientific "edict" was already known to be false. (In 1958 the FDA finally obtained the permanent injunctions, still in effect today, under which Dinshah was to operate until his death in 1966, at the age of 92.)

Contrary opinions such as those of the establishment-respected A. J. Ochsner, MD, FASC, author of still-classic surgical textbooks, could again be made weightless by edict. Writing to no apparent effect in those days, he reported:

"In a personal experience with septic infection, the pain was so severe that it seemed unbearable. When the use of electric light was suggested, it seemed unlikely that this could act differently from the other forms of therapy that had been employed. Upon applying the light, however, the excruciating pain disappeared almost at once, and since this experience we have employed the light treatment in hundreds of

cases of pain caused by septic infection, and quite regularly with results that were eminently satisfactory, not only in relief of pain but also because the remedy assists materially in reducing the infection."

There is little comfort to be taken from the fact that half a century separates us from those distant, dark ages of book-burning in America. The relation of phototherapies to the medical mainstream has not much improved. The dynamics of the relationship, the rules of combat

are unchanged. Large and loud, unapologetic denial; unembellished, unforgivable, inexplicable and dangerously erroneous counter-factual utterances are still being recycled by the usual bunch of high-prestige suspects.

For example, the highly regarded *Cancer Journal for Clinicians (CJC)* in 1994 (44:115-127), in an *anonymous* diatribe, characterised the World Research Foundation (WRF) (41 Bell Rock Road #C, Sedona, AZ 86351, USA) as "helping people locate questionable cancer cures... [and has] touted the Spectro-Chrome device". It then astonishingly concluded: "There is no scientific evidence that shining colored lights on the body will produce any biological effects."

This must come as quite a shock—to the generations of the paediatric health community who, for half a century, have routinely been treating the jaundice (neonatal bilirubin imbalance) of premature babies with the spectrally rebalanced, blue-enhanced, Westinghouse maternity bulb; to the generations of commercial breeders of chickens, chinchillas and fish who, for half a century, have been using the monochromatic reformulation work of pioneer John Ott (the original champion of full-spectrum light) to

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manipulate fertility, gender and even behaviour; and to the readers of the respected *American Teacher* (71[6]:16, March 1987), who were gullible and naïve enough to believe the account of H. Wohlfrath of the University of Alberta, Canada, who in 1982 replicated the nearly 50-year-old work of Soviet researcher E. I. Kritvitskya, in which high-frequency-restored classroom light reduced absenteeism, eye strain, dental caries, etc. as it increased attention, retention, etc.

When Dr Sy expressed his "disbelief" in 1931, he could do so with a certain innocent honesty. But would the editors of *CJC* have us dismiss vol. 453 (1985) of the *Annals of the New York Academies of the Sciences*, on "The Medical and Biological Effects of Light" (an entire conference on the subject) as so much chopped liver? Or was the then nine-year-old *Annals* too recent to have come to the attention of the *CJC* editors, or too old for their consideration? Unlike Dr Sy, they are at least guilty of criminal paucity of scholarship.

Responding to this anonymous *CJC* article, Dr Steve Ross, writing in the WRF

International Health and Environment Network Journal, *World Research News* (2nd quarter 1995), goes succinctly to the core:

"The *Cancer Journal for Clinicians* is sent to virtually all the physicians in the United States dealing with cancer. Could this sort of stupidity and misinformation be one of the reasons why the answer to the cancer problem has not come as quickly as suspected?

"During the Inquisition, individuals were burnt at the stake for believing that the Earth revolved around the Sun. The same Inquisition takes place today when the bastion of the medical community persecutes and removes those individuals who attempt to discuss and utilize therapies that are different than the therapeutic system that is being touted by the pharmaceutical industry."

In all fairness to Fishbein, he did not create the Torquemada mentality—a mindset untroubled by the subtle (or not so subtle) distinction and easy interchangeability between a science of data and a science of dicta. After all, the *JAMA* before, during and after Fishbein was never the arena to

seek the open Lockean dialogue in "the free marketplace of ideas" in which truth would always emerge as the best value. Ridicule as retort and censure by consensus pre-date even Galileo. It could be argued that all this is part of our collective hardwiring.

The real and ongoing legacy of Fishbein—the apotheosis of the peer review, the institutionalisation (professional, academic, corporate and political) of entities that perpetuate and fuel the reactionary, counter-evolutionary potentials of the human intellect—is not a simple, single bequest. It is rather an annuity that pays out incrementally in pain, indefinitely.

Today, a century and a quarter after Dr Babbitt and 100 years after Dinshah's empirical confirmation, in modern Western-style hospitals all over the world you will find the seriously traumatised post-surgical patient routinely maintained under the arbitrarily bizarre and randomly unbalanced spectra from cool and allegedly "white" fluorescence, while meticulously sustained on FDA-determined *minimum* daily nutritive requirements. You may *sneak in* a full-spectrum light; you may

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sneak in anti-oxidant vitamin megadoses. But here in the United States—the Land of the Litigious where the unholy AMA/FDA annuity is issued—take great care to call the light "*only* cheerful", the co-enzyme pills "*only* food". The operative words are "sneak in" and "only". Otherwise, apprehension constitutes an interference with the conventions of established (hence, ossified) medical practice; and the consequent shifting of criminal, civil and professional responsibilities (especially monetary liabilities) is quicker than 186,270 miles per second in a vacuum.

This confusion, this melding of the professional proclamation with the proof of the pudding, may, in some Hegelian anti-theoretical manner (the "...and one step back" of the historical process), provide some sort of intellectual brake to the evolutionary inevitable. However, as bleak a picture as this is, the flip side of the Hegelian paradigm promises a net gain of one forward step. This could be the philosophical principle that makes Dinshah's motto about defeated truth remaining unconquerable, a feature of the universe rather than mere

personal mantric expedient.

At any rate, the work of Dinshah P. Ghadiali, the light of spectrochromology and related phototherapies, although deliberately dimmed for decades has not been extinguished. In fact, SCT endures and modestly thrives under the diligent, dedicated tutelage of Dinshah's son, Darius Dinshah—the accessible and gentle prime-mover for the active work being continued by the Dinshah Health Society.

The Society serves as an active information-clearing centre, holding annual meetings, publishing a newsletter and archiving relevant literature available to an increasingly interested public. Especially recommended, both for historical background as well as for its simple, utilitarian instructional material, is Darius Dinshah's book, *Let There Be Light*.

Note:

The Dinshah Health Society is a non-profit, scientific, educational, membership-based corporation. For further information, contact the Society at: PO Box 707, Malaga, NJ 08328, USA; telephone +1 (609) 692 4686; web: <http://www.wj.net/dinshah>

About the Author:

Stuart Troy, a native of New York City, is a researcher and writer. His first foray into print was in 1978 with a critical article, "Sigmund Freud and the Relevance of a Newtonian Scientist in the Post-Einsteinian/Heisenberg Age", for *APERION: A Journal of Philosophical Inquiry and Opinion*, for which he was also an associate editor. His first book, co-authored with Jonathan Eisen, was *The Nobel Reader* (Clarkson N. Potter, NY, 1987). His Dinshah article is also included in *Suppressed Inventions II* (edited by Eisen, published in late 1997 by Avery Books, Garden City, NY, USA).

Stuart is currently working with noted historian Monroe Rosenthal on a history of women warriors of the Jews. His other driving passion is the preparation of a detailed report on the various iniquitous activities of Dr (*sic*) Morris Fishbein, and he requests NEXUS readers with any documentary or anecdotal material on Fishbein to communicate with him care of PO Box 5027, Fort Lauderdale, Florida 33310, USA, or e-mail him care of: bick@earthling.net.